

3889 to help determine the effectiveness and long-term outcomes of the VA's vocational rehabilitation programs for disabled veterans. These vocational rehabilitation programs are important factors in helping disabled veterans obtain and keep suitable jobs. They also help seriously disabled veterans achieve independence in daily living.

I also would like to thank Veterans' Affairs Committee Chairman FILNER and Ranking Member BUYER for their support of the bill and for working to quickly move this legislation to the House floor.

I support H.R. 3889 to ensure the VA's vocational rehabilitation services are helping disabled veterans reach their rehabilitation goals.

Again, I thank Representative BOOZMAN for introducing this important bill. I encourage my colleagues to support it.

Mr. FILNER. I yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 3889, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

JUSTIN BAILEY VETERANS SUBSTANCE USE DISORDERS PREVENTION AND TREATMENT ACT OF 2008

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5554) to amend title 38, United States Code, to expand and improve health care services available to veterans from the Department of Veterans Affairs for substance use disorders, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5554

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1 SHORT TITLE.

This Act may be cited as the "Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008".

SEC. 2. EXPANSION OF VETERANS SUBSTANCE USE DISORDER PROGRAMS.

Subsection (d) of section 1720A of title 38, United States Code, is amended by adding at the end the following new paragraph:

"(3)(A) Each plan under paragraph (1) shall ensure that the medical center provides ready access to a full continuum of care for substance use disorders for veterans in need of such care.

"(B) In this paragraph, the term 'full continuum of care' includes all of the following care, treatment, and services:

"(i) Screening for substance use disorder in all settings, including primary care settings.

"(ii) Detoxification and stabilization services.

"(iii) Intensive outpatient care services.

"(iv) Relapse prevention services.

"(v) Outpatient counseling services.

"(vi) Residential substance use disorder treatment.

"(vii) Pharmacological treatment to reduce cravings, and opioid substitution therapy referred to in paragraph (2).

"(viii) Coordination with groups providing peer to peer counseling.

"(ix) Short-term, early interventions for substance use disorders, such as motivational counseling, that are readily available and provided in a manner to overcome stigma associated with the provision of such interventions and related care.

"(x) Marital and family counseling.

"(C) The Secretary shall provide for outreach to veterans who served in Operation Enduring Freedom or Operation Iraqi Freedom to increase awareness of the availability of care, treatment, and services from the Department for substance use disorders."

SEC. 3. REQUIREMENT FOR ALLOCATION OF DEPARTMENT RESOURCES TO ENSURE AVAILABILITY FOR ALL VETERANS REQUIRING TREATMENT FOR SUBSTANCE USE DISORDERS.

(a) *EQUITABLE ALLOCATION OF FUNDING; ANNUAL REPORT.*—Section 1720A of title 38, United States Code, as amended by section 2, is further amended by adding at the end the following new subsection:

"(e)(1) The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care (as defined in subsection (d)(3)(B)) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

"(2)(A) In addition to the report required under section 1703(c)(1) of this title (relating to furnishing of contract care and services under this section), the Secretary shall include in the budget documents which the Secretary submits to Congress for any fiscal year a detailed report on the care, treatment, and services furnished by the Department under this section during the most recently completed fiscal year.

"(B) Each report under subparagraph (A) shall include data on the following for each medical facility of the Department:

"(i) The number of veterans who have been provided care, treatment, or services under this section at the facility for each 1,000 veterans who have received hospital care (if applicable) or medical services at the facility.

"(ii) The number of veterans for whom substance use disorder screening was carried out under subsection (d)(3)(B)(i) at the facility.

"(iii) The number of veterans for whom a substance use disorder was identified after a screening was carried out under subsection (d)(3)(B)(i) at the facility.

"(iv) The number of veterans who were referred by the facility for care, treatment, or services for substance use disorders under this section.

"(v) The number of veterans who received care, treatment or services at the facility for substance use disorders under this section.

"(vi) Availability of the full continuum of care (as defined in subsection (d)(3)(B)) at the facility.

"(C) Each report prepared under subparagraph (A) shall be reviewed by the Committee on Care of Severely Chronically Mentally Ill Veterans authorized by section 7321 of this title. The Committee shall provide an independent assessment of the care, treatment, and services furnished directly by the Department under this section to veterans. Such assessment shall include a detailed analysis of the availability, the barriers to access (if any), and the quality of such care, treatment, and services."

(b) *EFFECTIVE DATE.*—The amendment made by subsection (a) shall apply to fiscal years beginning on or after October 1, 2009.

SEC. 4. PILOT PROGRAM FOR INTERNET-BASED SUBSTANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

(a) *FINDINGS.*—Congress makes the following findings:

(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

(2) There is a significant incidence among veterans of post-deployment mental health problems, especially among members of a reserve component who return as veterans to civilian life.

(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

(5) Veterans living in rural areas find access to treatment for substance use disorder limited.

(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

(b) *IN GENERAL.*—Not later than October 1, 2009, the Secretary of Veterans Affairs shall initiate a pilot program to test the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary. Participation in the pilot program is available on a voluntary basis for those veterans who have served in Operation Enduring Freedom or Operation Iraqi Freedom.

(c) ELEMENTS OF PILOT PROGRAM.—

(1) *IN GENERAL.*—In designing and carrying out the pilot program under this section, the Secretary of Veterans Affairs shall ensure that—

(A) access to the Internet website and the programs available on the website by a veteran (or family member) does not involuntarily generate an identifiable medical record of that access by that veteran in any medical database maintained by the Department;

(B) the Internet website is accessible from remote locations, especially rural areas; and

(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and educational materials for such disorders, and appropriate information and materials for family members of veterans.

(2) *CONSIDERATION OF SIMILAR PROJECTS.*—In designing the pilot program under this section, the Secretary of Veterans Affairs shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2304).

(3) *LOCATION OF PILOT PROGRAM.*—The Secretary shall carry out the pilot program through those medical centers of the Department of Veterans Affairs that have established Centers for Excellence for Substance Abuse Treatment and Education or that have established a Substance Abuse Program Evaluation and Research Center.

(4) *CONTRACT AUTHORITY.*—The Secretary of Veterans Affairs may enter into contracts with qualified entities or organizations to carry out the pilot program required under this section.

(d) *DURATION OF PILOT PROGRAM.*—The pilot program required by subsection (a) shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

(e) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated to the Secretary of Veterans Affairs \$1,500,000 for each of fiscal years 2010 and 2011 to carry out the pilot program under this section.

(f) *REPORT.*—Not later than six months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program, and shall include in that report an assessment of the feasibility and advisability of the pilot program, of any cost savings or other benefits associated with the pilot program, and recommendations for the continuation or expansion of the pilot program.

SEC. 5. REPORT ON RESIDENTIAL MENTAL HEALTH CARE FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.

(a) *REVIEW AND REPORT.*—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans Affairs, acting through the Office of the Medical Inspector of the Department of Veterans Affairs, shall—

(1) conduct a review of all residential mental health care facilities, including domiciliary facilities, of the Veterans Health Administration; and

(2) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the review conducted under paragraph (1).

(b) *ELEMENTS OF REPORT.*—The report required by subsection (a)(2) shall include the following:

(1) A description of the availability of care in residential mental health care facilities in each Veterans Integrated Service Network (VISN).

(2) An assessment of the supervision and support provided in the residential mental health care facilities of the Veterans Health Administration.

(3) The ratio of staff members at each residential mental health care facility to patients at such facility.

(4) An assessment of the appropriateness of rules and procedures for the prescription and administration of medications to patients in such residential mental health care facilities.

(5) A description of the protocols at each residential mental health care facility for handling missed appointments.

(6) Any recommendations the Secretary considers appropriate for improvements to such residential mental health care facilities and the care provided in such facilities.

SEC. 6. TRIBUTE TO JUSTIN BAILEY.

This Act is enacted in tribute to Justin Bailey, who, after returning to the United States from service as a member of the Armed Forces in Operation Iraqi Freedom, died in a domiciliary facility of the Department of Veterans Affairs while receiving care for post-traumatic stress disorder and a substance use disorder.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, this bill is named after Justin Bailey, who was a veteran of the Iraq War who died in a domiciliary facility of the Department of Veterans Affairs while receiving care for PTSD and a substance use disorder, a very tragic story but one that seems to be becoming all too familiar.

We have seen in recent weeks internal communications between members of the VA staff who we rely on to treat soldiers like Justin Bailey who seem to not take the symptoms of PTSD or suicide very seriously. They try to manipulate the data so we don't know all the facts. They try to get cheaper treatment if a diagnosis other than PTSD is made, and we are not serving our vet-

erans when this occurs. We must not take lightly the commitment of servicemembers like Justin Bailey who choose to defend the country and freedoms that we enjoy.

We know the problems that veterans who have served in past wars face. We know about post-traumatic stress disorder. We know about the high reported incidence of substance abuse, and that it is what we call a common co-morbidity to mental health issues. And we, of course, unfortunately know about the high rate of homelessness. We know about these issues because we have seen entire generations of veterans tackle these problems, many without proper support from the VA and many who find themselves on the streets homeless or we see in statistics on suicide.

We must commit ourselves that whatever is necessary to prevent the newest generation of veterans from Afghanistan and Iraq will be done so they do not experience these same devastating issues.

There is growing concern about the reported effects of combat deployments on Operation Enduring Freedom and Operation Iraqi Freedom servicemembers. The suicide rates are on the rise back to where they were in our Vietnam era.

We know the rate of post-traumatic stress disorder among these veterans has been estimated at about a third. I think if you include hidden symptoms of traumatic brain injury we're up to probably double that or more.

We know that the rate of homelessness amongst this group is growing. The same cycles that we saw with Vietnam are repeating themselves.

We cannot as a Congress, as a Nation allow this to happen again. We must reinforce our commitment to take care of those who have served. This is a cost of war. We're spending \$1 billion, Madam Speaker, on the Iraq and Afghanistan Wars every two days, \$1 billion every 2 days. Shouldn't our servicemembers get all the treatment they need? We have the money. It's a question of our will and our priorities.

□ 1400

So I urge you to support H.R. 5554. We would improve and expand the VA health care services available for veterans for substance use disorders, and require that all VA medical centers provide access to the full continuum of care for these disorders.

We also want to make sure that the Secretary reaches out to our OIF/OEF veterans with substance abuse disorders, and make sure that the funding is in place for the full continuum of care no matter where a veteran lives.

We also ask for a complete report on the services furnished by the Department in the last fiscal year, and have a 2-year pilot program on providing assessment, education and treatment via the Internet to veterans with substance use disorders. And finally, we would require the VA to conduct a re-

view and report on the residential mental health facilities within the system.

I urge my colleagues to support H.R. 5554. We will hear from Congressman MICHAUD from Maine, the chairman of our Health Subcommittee, who wrote this bill. And he will have a chance to really explain it better after we hear from our ranking member.

Madam Speaker, I reserve the balance of my time.

Mr. BUYER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 5554, as amended, the Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008, would amend title 38, United States Code, to expand and improve health care services available to veterans from the Department of Veterans Affairs for substance abuse disorders.

Unfortunately, many veterans who have experienced combat trauma have difficulty dealing with the demands of military service and/or readjusting to home life often turn to alcohol and drugs to ease the pain that has become part of their lives. VA has dedicated more than \$458 million to improve access and quality of care for veterans who require substance use treatment since it began implementing the Mental Health Strategic Plan in 2005.

H.R. 5455, however, would be much more comprehensive and require that VA provides a "full continuum of care" to veterans suffering from substance use disorders at all VA medical centers or through contracts with local providers. This full continuum of care would include comprehensive screening for substance use disorders in all settings, detoxification and stabilization services, intensive outpatient and residential care, pharmacological treatments, and peer-to-peer and family and marital counseling.

This legislation would also direct VA to conduct a pilot program for Internet-based substance use disorder treatment for veterans of Operations Iraqi Freedom and Enduring Freedom.

Some of our veterans are confronted with a new form of challenge in their life, which for some is greater than the warfare which they had faced, where it has no clear front and has no clear refuge. And in the case of our OIF/OEF veterans in the wars in Iraq and Afghanistan, over 30 percent of those veterans who have received VA care have been diagnosed with a possible mental health problem and 12 percent of these with a possible substance use disorder.

Outreach to every veteran is critical, and I'm pleased that under the leadership of Secretary Peake, VA has started contacting nearly 570,000 recent combat veterans to talk to them about available VA medical care and benefits.

Providing a full continuum of care in all settings will go a long way to enhance access to care and help at-risk veterans recognize the signs, treat the symptoms, and overcome the stigma that prevents many veterans from seeking care.

Problems associated with substance use disorder can have lasting effects on the mental and physical health of our veterans, and I commend the Subcommittee on Health Chairman MICHAUD and Ranking Member MILLER for their leadership on the bill.

We can make significant progress in ensuring that the mental health wellness care that veterans seek and deserve is available with the passage of this bill.

Madam Speaker, I reserve the balance of my time.

Mr. FILNER. Madam Speaker, I yield 2 minutes to the author of the bill and the Chair of our Health Subcommittee of the Veterans' Committee in the Congress, the gentleman from Maine (Mr. MICHAUD).

Mr. MICHAUD. Thank you, Mr. Chairman.

I rise today in support of H.R. 5554, the Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008. This legislation does amend title 38, United States Code, to expand and improve health care services available to veterans for substance use disorders.

It requires that all VA medical centers provide ready access to a full continuum of care for substance use disorders. And it explicitly defines that "full continuum of care" as ranging from initial screening through outpatient care and family therapy. We have an obligation to take care of the men and women who chose to fight for our freedom and the freedom of all oppressed people.

This legislation had strong bipartisan support during its development. I want to thank members of the Health Care Subcommittee, especially Mr. MILLER, for their support and contributions to this legislation, as well as the committee staff on both sides of the aisle.

I also would like to thank Congresswoman BERKLEY, who has been a true advocate for our veterans, and who has been strongly involved in the development of this legislation as well.

I also want to thank you, Mr. Chairman, for your leadership, as well as Ranking Member BUYER for your leadership in this legislation. I encourage my colleagues to support it.

Mr. BUYER. I urge my colleagues to adopt this legislation, and I yield back the balance of my time.

Mr. FILNER. Madam Speaker, I yield 5 minutes to a very active, aggressive member of our committee, who is always there when we need her, the gentlelady from Nevada (Ms. BERKLEY).

Ms. BERKLEY. Madam Speaker, I also would like to thank the chairman of our full committee, Mr. FILNER, for being so supportive, and the chairman of our subcommittee, Mr. MICHAUD, for helping to make this legislation a reality today. I'm very grateful for the opportunity to be part of this important piece of legislation.

Nationally, one in five veterans returning from Iraq and Afghanistan suf-

fer from PTSD. Twenty-three percent of members of the Armed Forces on active duty acknowledge that they have a significant problem with alcohol. Veterans must receive the help they need to deal with these conditions.

The effects of substance abuse are devastating, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness. Veterans suffering from mental health problems are at increased risk for developing a substance abuse disorder.

A constituent of mine, Lance Corporal Justin Bailey, was a 1998 graduate of Las Vegas High School. Upon returning from a tour of duty in Iraq, he was diagnosed with PTSD and was discharged from the Marines in 2004. He developed a substance abuse disorder, and with the encouragement of his parents, checked himself into a VA facility in west Los Angeles to get the treatment that he needed and recognized that he needed.

He sought treatment for a drug abuse problem, and yet he was given five additional medications on a self-medication program. With those five additional medications in his system, Justin overdosed and died on January 26, 2007.

The loss of a child is devastating enough, but what made matters worse is the way that Justin's parents were treated by the VA. They were treated with indifference and apathy at the West L.A. facility that their son died at. They were handed Justin's belongings in a trash bag.

Last August, 8 months after Justin's death, the Baileys returned to Los Angeles to meet with the Chief of Staff at the West L.A. facility. They came away from the meeting feeling that the Chief of Staff had been completely unprepared and seemed out of touch with the needs of the veterans. The Chief of Staff went so far as to state that his staff didn't know how to treat veterans of the Iraq and Afghan war because they were young, and the staff was not tough enough on these younger veterans, they tended to give them anything they asked for.

I'm very pleased that the committee included my amendment to require the VA to conduct a review of all residential mental health care facilities, including domiciliary facilities, and agree to rename the bill in Justin's honor. I know this means a great deal to Justin's family.

Passage of the Justin Bailey Substance Use Disorder Treatment and Prevention Act will help to ensure that we have the mental health resources and substance abuse treatment programs needed to care for our veterans. The assessments of residential mental health facilities required will help us to learn how well the VA is performing and what we can do to improve these services, including expanded availability at VA hospitals.

The availability of treatment for PTSD, including substance abuse disorder counseling, will save many lives. This must remain a top priority.

A review of the services provided to our veterans is needed to ensure that what happened to Justin does not happen to anyone else ever again.

It's imperative that we provide adequate mental health services for those who have sacrificed for our great Nation and those who continue to serve.

I wholeheartedly support H.R. 5554 and urge my colleagues to do the same.

Mr. FILNER. I want to thank the gentlelady from Nevada for putting a real face to this problem. I know it means a lot to the family, but it means a lot to all of us. So thank you.

Another great member of our committee, Mr. RODRIGUEZ from Texas, dealt with mental health issues in his previous life, and I will yield to him as much time as he might consume.

Mr. RODRIGUEZ. Thank you, Mr. Chairman. And I want to personally thank you for this piece of legislation.

I had the pleasure and the opportunity to serve 7 years in the area of mental health and work with heroin addicts, substance abusers and community mental health.

One of the things that I've realized is that a lot of people that do substance abuse as the result of having mental health problems as well as post-traumatic stress. During the Vietnam War, we left our soldiers and we abandoned them. A large number of them now find themselves as part of those statistics of being homeless. Part of the statistics are a large number of veterans that are committing suicide. This program that will allow the continuum of care is going to allow an opportunity for them to be able to get access to service. I want to thank both sides and the chairman for their leadership in this area.

In addition, let me just say that this area is one of the areas where we really need to make an emphasis. I am really pleased to see that, because when you do abuse drugs, when people do abuse alcohol, one of the difficulties is the fact that the family gets impacted. This allows an opportunity for that intervention to occur.

Thank you very much, and congratulations on this legislation.

Mr. FILNER. Thank you, Mr. RODRIGUEZ, for your expertise.

GENERAL LEAVE

Mr. FILNER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5554, as amended.

The SPEAKER pro tempore (Mrs. TAUSCHER). Is there objection to the request of the gentleman from California?

There was no objection.

Mr. CONYERS. Madam Speaker, I rise to voice my strong support for H.R. 5554, the "Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of

2008." This legislation grants to our veterans access to a comprehensive continuum of substance abuse treatment services provided by Department of Veterans Affairs medical centers. The bill also requires the Secretary of Veterans Affairs to inform veterans of Operations Enduring Freedom or Iraqi Freedom about the availability of such care.

Madam Speaker, we have sent thousands of otherwise healthy young men and women to Iraq and Afghanistan to fight. Many of those who were lucky enough to escape unscathed physically, are suffering agonizing symptoms emotionally. Depression, anxiety, and symptoms of post-traumatic stress disorder plague countless veterans returning from the battlefield. Without proper treatment, our veterans turn to self-medicating these psychiatric symptoms by abusing alcohol and other substances.

It would be negligent, if not hypocritical, of us not to offer comprehensive substance abuse treatment for all returning veterans. This legislation ensures that a "continuum" of services, including screening for substance use disorders, detoxification and stabilization services, intensive outpatient services, relapse prevention services, counseling services, and other necessary services, are offered to our returning veterans.

Of course, these services require funding. H.R. 5554 ensures that funding for a full continuum of substance abuse treatment is made available to veterans seeking such care. Although H.R. 5554 authorizes a pilot program for Internet-based substance use disorder treatment, let us not sell our veterans short by cutting corners on care. More funding is needed to ensure that enough psychiatrists, nurses, psychologists, and social workers are available to care for our returning veterans. As well, more research funding is required in order to better understand and treat disorders of substance abuse and dependence which plague our veterans.

Madam Speaker, I find it appalling that we ask our young men and women in the Armed Forces to sacrifice life and limb overseas in Iraq and Afghanistan, yet when those very soldiers return home, we deny them vital mental health and substance abuse treatment services. Let us begin to right this wrong by supporting H.R. 5554, and improve substance abuse treatment services available to our veterans.

Mr. FILNER. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 5554, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

REQUIRING REGULAR UPDATES TO HANDBOOK FOR DESIGN FURNISHED TO VETERANS ELIGIBLE FOR SPECIALLY ADAPTED HOUSING ASSISTANCE

Mr. FILNER. Madam Speaker, I move to suspend the rules and pass the

bill (H.R. 5664) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to update at least once every six years the plans and specifications for specially adapted housing furnished to veterans by the Secretary, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5664

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REQUIREMENT FOR REGULAR UPDATES TO HANDBOOK FOR DESIGN FURNISHED TO VETERANS ELIGIBLE FOR SPECIALLY ADAPTED HOUSING ASSISTANCE BY SECRETARY OF VETERANS AFFAIRS.

Section 2103 of title 38, United States Code, is amended—

(1) by striking "The Secretary" and inserting "(a) PLANS AND SPECIFICATIONS.—The Secretary"; and

(2) by adding at the end the following new subsection:

"(b) HANDBOOK FOR DESIGN.—The Secretary shall make available to veterans eligible for assistance under this chapter, without cost to the veterans, a handbook containing appropriate designs for specially adapted housing. The Secretary shall update such handbook at least once every six years to take into account any new or unique disabilities, including vision impairments, impairments specific to the of upper limbs, and burn injuries."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, again we thank and we draw on the expertise of Mr. RODRIGUEZ of Texas for this bill. It's a commonsense solution to assist our Nation's veterans.

We would simply require the Secretary of the VA to furnish and update a handbook for designs of specially adapted housing to include vision impairments, impairments to the upper limbs, and burn injuries.

Ensuring that our brave men and women have a comfortable home to heal from the injuries of war is the very least we can do for our veterans. This is especially true since the last time this VA pamphlet was published was 30 years ago, in 1978.

I feel confident that with this legislation the VA can provide improved guidance to incorporate today's medical breakthroughs in health care and any advanced technologies. I hope all my colleagues will support H.R. 5664.

Madam Speaker, I reserve the balance of my time.

Mr. BUYER. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 5664, as amended, a bill which would amend title 38, United States Code, to direct the Secretary of Veterans Affairs to update at least once every 6 years the plans and specifications for specially

adapted housing furnished to veterans by the Secretary.

I thank my colleague, Mr. RODRIGUEZ of Texas, for introducing this bill, and Subcommittee Chairwoman STEPHANIE HERSETH SANDLIN, Ranking Member BOOZMAN and full committee Chairman FILNER for their efforts to bring the bill before the House.

Madam Speaker, many of our most severely disabled veterans qualify for the specially adapted housing program that provides grants for up to \$50,000 to modify the veteran's home. This bill would require the VA to update the handbook on adapted homes designs on a 6-year cycle, to include adaptations for a wider variety of disabilities and to provide the handbook to qualified veterans.

□ 1415

In the previous Congress, we allowed the homes of a family member to be adapted where the veteran temporarily resides. I think that was a good move that we had done that, and this measure that Mr. RODRIGUEZ has brought is one that is prudent and it should be passed.

Madam Speaker, I reserve the balance of my time.

Mr. FILNER. Madam Speaker, I yield such time as he may consume to the author of the legislation, the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Chairman FILNER and Ranking Member BUYER, thank you very much for this opportunity regarding H.R. 5664, a bill that I introduced to correct a bureaucratic oversight in the way that the Veterans Administration advises contractors as they deal with renovating housing for disabled veterans.

Madam Speaker, our veterans have made difficult sacrifices and secured our freedom and the way of life. This Memorial Day we honor veterans with our words and our actions, and this bill is a reflection of that.

My bill seeks to ensure that veterans whose homes are updated under the program benefit from all that modern technology and construction practice can provide. Today's veterans, particularly those from Iraq and Afghanistan, are sustaining injuries that in past conflicts would have resulted in their death. The variety of these injuries requires a fresh look at the ways the VA provides guidance to veterans in using special adaptive housing grants. The primary guidance that the VA provides contractors who modify homes under this grant program is VA pamphlet 26-13, titled "Handbook for Design: Specially Adaptive Housing." The guide was last updated in 1978. This bill requires an update of this guide at least every 6 years.

I would like to thank also Congressman HALL for his assistance in getting the bill in the Economic Opportunity Subcommittee and being able to make it happen as quickly as possible, getting the cost of it assessed, and I believe that the bill will go a long way in